FORM D

398126

SEE Mail SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 2 2 2008

Section

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION

| OMB APP | PROVAL | | | | | |
|--|--------------------------|--|--|--|--|--|
| OMB Number: Expires: Estimated average hours per form | April 30, 2008 burden | | | | | |
| SEC USE ONLY | | | | | | |
| Prefix | Serial | | | | | |
| I | l | | | | | |
| DATE RECEIVED | | | | | | |
| l | 1 | | | | | |

| Name of Offering | (check if this is an a | mendment and name h | nas changed, and ir | dicate change.) | | |
|--|--|------------------------|---------------------------|-------------------------|---------------------|-----------------------------------|
| Voting, Redeemable | Shares in Aristos Cap | tal Offshore Fund Ltd | 1. | | | |
| Filing Under (Check b | ox(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | Rule 506 | Section 4(6) | ULOE |
| Type of Filing: | ■ New Filing | | | | | |
| | | A. BASIC | IDENTIFICAT | ON DATA | | OPPER HILL PART CHIEF HER SEC. |
| 1. Enter the information | ation requested about the | eissuer | | | | |
| Name of Issuer | check if this is an ar | nendment and name h | as changed, and in | dicate change. | | |
| Aristos Capital Offsi | hore Fund Ltd. | | | | 080 | 23551 |
| Address of Executive | Offices | | (Number and Stree | et, City, State, Zip Co | ode) Telephone Nu | mber (Including Area Code) |
| c/o Ogler Fiduciary S Cayman, Cayman Is | Services (Cayman) Lim lands | ited, Queensgate Hou | ise, South Church | Street, Grand | | |
| Address of Principal C | Offices c/o Aristos Cap i | tal, LLC, c/o Pliosoft | (Number and Stree | et, City, State, Zip Co | ode) Telephone Nu | mber (Including Area Code) |
| (if different from Exec | utive Offices) 55 Bi | oad Street, New York | , NY 10004 | | | PROOF |
| Brief Description of Br | usiness: private in | vestment company | | | 7 | MANA |
| Type of Business Org | anization | | | | | JAN 2 9 2008 |
| | corporation | limited p | artnership, already | formed | dther (please sp | ecify) THOMSON |
| | business trust | ☐ limited p | artnership, to be fo | med (a | Cayman Islands exen | pecify) I HOMSON pred Hyper CIAL |
| | late of Incorporation or Coration or Organization: | _ | Month Ostal Service Abbre | | r | |
| | | | | r other foreign jurisdi | iction) F | N |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or Managing Partner □ Promoter ■ Executive Officer □ Director Check Box(es) that Apply: ■ Beneficial Owner Full Name (Last name first, if individual): Aristos Capital Management LLC (Investment Manager) Business or Residence Address (Number and Street, City, State, Zip Code): c/o Pilosoft, Inc. 55 Broad Street, New York, NY 10004 ■ Beneficial Owner □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Promoter Woodard, Nelson P., Ph. D. Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY 10004 □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual): Shimunov, Lenny B. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY 10004 □ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual): Peng, Jeffrey K. Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY □ Director ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual): Jaeger, Raymond Business or Residence Address (Number and Street, City, State, Zip Code): c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY 10004 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner ☐ Promoter Full Name (Last name first, if individual): Jagal, Lloyd c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY Business or Residence Address (Number and Street, City, State, Zip Code): 10004 ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Executive Officer □ Director

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

□ Executive Officer

c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY

c/o Aristos Capital, LLC, c/o Pilosoft, Inc., 55 Broad Street, New York, NY

☐ General and/or Managing Partner

□ Director

Murugesu, Vijayabalan

☐ Beneficial Owner

Burton, Evan

Full Name (Last name first, if individual):

Full Name (Last name first, if individual):

Check Box(es) that Apply:

10004

10004

Business or Residence Address (Number and Street, City, State, Zip Code):

□ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code):

| | | | | | В. | INFORM | IATION | ABOUT | OFFER | ING | | | |
|--|--|---------------|--------------|-------------|---------------------------|--------------------------|---------------------------|----------------------------|----------------------------|------------|----------|--------|-------------------------|
| 1. | Has the issue | er sold, or d | does the is | suer inten | d to sell, to Answer a | non-accro also in App | edited inve endix, Col | stors in th umn 2, if f | is offering iling under | ? ULOE. | | ☐ Yes | ⊠ No |
| 2. | What is the n | ninimum in | vestment t | hat will be | accepted | from any i | ndividual? | ····· | | | | \$1, | 000,000 (may be waived) |
| 3. | Does the offe | ering permi | t joint own | ership of a | single uni | t? | ••••• | | | | | | □No |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Full | Name (Last n | ame first, if | f individual |) N/A | 1 | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Nam | e of Associate | ed Broker o | or Dealer | | | | | | | | | | |
| State | s in Which P | | | | | | | | | | | | ☐ All States |
| | (Check "All S L] [AK] | tates or ci | | | • | | | ☐ [DC] | ☐ [FL] | ☐ [GA] | [HI] | (ID) | ☐ All Sidles |
| [! | | ☐ [IA] | □ [KS] | | | | | ☐ [MA] | | [MN] | ☐ [MS] | ☐ [MO] | |
| □ [M | IT] [NE] | □ [NV] | [NH] | □ [NJ] | | □ [NY] | ☐ [NC] | □ [ND] | □ [OH] | □ [OK] | ☐ [OR] | ☐ [PA] | |
| ☐ [f | RI] 🔲 [SC] | ☐ [SD] | [TN] | □ [TX] | [עט] | □ [VT] | □ [VA] | □ [WA] | □ (WV) | [WI] | | [PR] | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | | |
| Busi | ness or Resid | ence Addr | ess (Numb | per and Str | eet, City, S | State, Zip (| Code) | | | | | | |
| Nam | e of Associate | ed Broker o | or Dealer | | | | | | | | | | |
| State | s in Which P | | | | | | | | | | | | ☐ All States |
| □ { <i>A</i> | • | □ [AZ] | | | • | | | | | ☐ [GA] | [HI] | [ID] | _ |
| □ (I | _] 🔲 [IN] | □ [IA] | [KS] | □ [KY] | | [ME] | ☐ [MD] | [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| () | IT] [NE] | □ [NV] | □ [NH] | □ (NJ) | □ [NM] | ☐ [NY] | □ (NC) | □ [ND] | □ [OH] | □ (OK) | □ [OR] | [PA] | |
| (F | ii) 🔲 [SC] | □ [SD] | [NT] | □ (TX) | [עד] | | □ (VA) | [WA] | | □ (WI) | | □ [PR] | |
| Full | Name (Last n | ame first, it | individual |) | | | | | | | | | |
| Busi | ness or Resid | ence Addr | ess (Numb | per and Str | eet, City, S | State, Zip (| Code) | | | | | | |
| Nam | e of Associate | ed Broker o | or Dealer | | | | | | | | | | |
| State | s in Which P | | | | | olicit Purch | | | | | | | ☐ All States |
| | • | ☐ [AZ] | • | | | □ [CT] | □ (DE) | | ☐ [FL] | ☐ [GA] | ☐ (HI) | [ID] | |
| | _] [IN] | □ (IA) | ☐ [KS] | □ [KY] | ☐ [LA] | ☐ [ME] | [MD] | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| □ [ħ | 1T) 🗌 (NE) | □ (NV) | □ [NH] | □ [NJ] | [NM] | □ [NY] | ☐ [NC] | □ [ND] | □ [OH] | | [OR] | □ [PA] | |
| □ (F | II] 🔲 [SC] | ☐ [SD] | [NT] | [XT] | [TU] | | □ [VA] | □ [WA] | □ [WV] | □ [WI] | [WY] | ☐ (PR) | |
| | | | | /I laa bla | الممطمات | | أمامم ممنا | tional agai | aa af thia i | shoot oo s | aceccan/ | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and | | | | |
|----|---|-----------|---------------------|-------------|--------------------------------------|
| | already exchanged. | | Aggregate | | Amount Already |
| | Type of Security | _ | Offering Price | _ | Sold |
| | Debt | | | | |
| | Equity | <u>\$</u> | 0 | | |
| | ☐ Common ☐ Preferred | | | | |
| | Convertible Securities (including warrants) | <u>\$</u> | 0 | <u> </u> | |
| | Partnership Interests | <u>\$</u> | 0 | | |
| | Other (Specify) Voting, Redeemable shares) | \$ | 100,000,000 | <u> </u> | 27,349,878 |
| | Total | \$ | 100,000,000 | <u>\$</u> | 27,349,878 |
| | Answer also in Appendix, Column 3, if filling under ULOE | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | |
| | | | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | 12 | | 27,349,878 |
| | Non-accredited Investors | | 0 | | 0 |
| | Total (for filings under Rule 504 only) | | 0 | <u> </u> | 0 |
| | Answer also in Appendix, Column 4, if filing under ULOE | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. | | | | |
| | Type of Offering | | Types of | | Dollar Amount Sold |
| | Type of Offering | | Security | | Solu |
| | Rule 505 | | | _ <u>\$</u> | |
| | Regulation A | | | _ <u>\$</u> | |
| | Rule 504 | | N/A | _ \$ | |
| | Total | | N/A | \$_ | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | 🗆 | \$ | 0 |
| | Printing and Engraving Costs | | 🗖 | \$ | 13,678 |
| | Legal Fees | | 🛛 | \$ | 0 |
| | Accounting Fees | | | \$ | 0 |
| | Engineering Fees | | 🗆 | \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | \$ | 0 |
| | Other Expenses (identify) | | | s | 0 |
| | Total | | _ | <u>.</u> | 13,678 |
| | . 🗸 | •••••• | ···· | | .0,0.0 |

| Questii "adjust 5 Indicat used for estimat the adj | nter the difference between the aggregate offering on 1 and total expenses furnished in response to ted gross proceeds to the issuer." | Part C-Question 4.a. ds to the issuer used any purpose is not let total of the paym sponse to Part C - C | a. This differe | to be an ust equal | Offic Direc | ents to cers, tors & ates | <u>\$</u> | 99,986,322 Payments to Others |
|--|--|---|--|---------------------------|-------------------------------------|------------------------------------|---------------------|---|
| used for estimal the adj | or each of the purposes shown. If the amount for the and check the box to the left of the estimate. It is a gross proceeds to the issuer set forth in respect to the issuer set forth in respec | any purpose is not k The total of the paym sponse to Part C - C | known, furnish nents listed mu Question 4.b. a | an ust equal above. | Offic Direc | ers, tors & | | Others |
| | Purchase of real estate | achinery and equipm | | _ | \$ | | | • |
| | Purchase, rental or leasing and installation of mac Construction or leasing of plant buildings and fac Acquisition of other businesses (including the va offering that may be used in exchange for the as | achinery and equipm | | | ¢ | | | \$ |
| | Construction or leasing of plant buildings and factorized and construction of other businesses (including the value offering that may be used in exchange for the as | - , , | ent | | <u>*</u> | | _ 🗆 | \$ |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the as | rilities | | | \$ | | _ 🗆 | \$ |
| | offering that may be used in exchange for the as | | | | \$ | | _ 🗆 | \$ |
| | pursuant to a merger | sets or securities of | another issue | r 🗆 | \$ | | _ 🗆 | \$ |
| | Repayment of indebtedness | | | | \$ | | | \$ |
| | Working capital | | | | \$ | | _ 🖾 | \$ 99,986,322 |
| | Other (specify): | | | | \$ | | | \$ |
| | | | | | \$ | | | \$ |
| | Column Totals | | | | \$ | | _ 🛛 | \$ 99,986,322 |
| | Total payments Listed (column totals added) | | | | | ⊠ <u>\$</u> | 99,98 | 6,322 |
| | | D. FEDERAL | SIGNATUI | RF | | | | |
| constitutes | r has duly caused this notice to be signed by the san undertaking by the issuer to furnish to the U.ser to any non-accredited investor pursuant to par | undersigned duly aut S. Securities and Exc | thorized perso | n. If this n | otice is filed to on written req | ınder Rule uest of its | 505, the staff, the | following signature information furnished |
| · · · · · · · · · · · · · · · · · · · | nt or Type) apital Offshore Fund Ltd. | Signature | Land | Jyan | | D | ate Janua | ry 24, 2008 |
| Name of S Lloyd Jag | igner (Print or Type) ai | Title of Signer (Pr Authorized Pers | | 0 | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SIGNATURE | | | | | | | |
|-------------------------------|---|---|---------------------------------------|--|--|--|--|--|--|
| 1. | | presently subject to any of the disqualification | ☐ Yes ⊠ No | | | | | | |
| | , | See Appendix, Column 5, for state response. | | | | | | | |
| 2. | The undersigned issuer hereby undertake (17 CFR 239.500) at such times as require | es to furnish to any state administrator of any state in which this no ed by state law. | tice is filed a notice on Form D | | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | |
| 4. | | e issuer is familiar with the conditions that must be satisfied to be nis notice is filed and understands that the issuer claiming the avai been satisfied. | | | | | | | |
| | ssuer has read this notification and knows the rized person. | contents to be true and has duly caused this notice to be signed o | on its behalf by the undersigned duly | | | | | | |
| | r (Print or Type) os Capital Offshore Fund Ltd. | Signature Landing | Date January 24, 2008 | | | | | | |
| Name | e of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | | |
| Lloyd Jagai Authorized Person | | | | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | APF | ENDIX | | | | |
|-------|---------------------------------|---|--|--------------------------------------|--|--|---|--|----------|
| 4 | | | | | | | | 1 , | |
| 1 | Intend to non-a investors | to sell ccredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and expla amount purchased in State under S under S (if ye expla expla expla | | Disqual under Sta (if yes, explana waiver c | Disqualification nder State ULOE (if yes, attach explanation of waiver granted) Part E – Item 1) | |
| State | Yes | No | Voting, Redeemable Shares | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | : | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | | | | | | | | |
| co | | | | | | | | | |
| СТ | | | | | ·- | | | | |
| DE | • | | | | | | | | |
| DC | | | | | | | | | |
| FL | | х | \$100,000,000 | 1 | \$1,400,000 | 0 | \$0 | | X |
| GA | | | | | | | | | |
| н | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | • | | | | | |
| IN | | | | | | | | | |
| IA | | х | \$100,000,000 | 1 | \$500,000 | 0 | \$0 | | х |
| KS | | | , | | | | | | |
| кү | | | | | | | | | |
| LA | | X | \$100,000,000 | 3 | \$625,000 | 0 | \$0 | <u></u> | Х |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | Х | \$100,000,000 | 1 | \$1,150,000 | 0 | \$0 | | X |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |
| МО | | | | | | | | | |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
| NH | | | | - | | | | | |
| NJ | | X | \$100,000,000 | 1 | \$950,000 | 0 | \$0 | | х |
| NM | | | | | | | | | <u>L</u> |

| | | | | AP | PENDIX | | | | | | |
|-----------|------------------------|---|--|--------------------------------------|--|--|--------|-----|----|--|--|
| 1 | | 2 | 3 | | | 4 | | 5 | | | |
| | to non-a- investors | to sell coredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and Amount purchased in State (Part C – Item 2) | | | | | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited investors | Amount | Yes | No | | |
| NY | | х | \$100,000,000 | 2 | \$224,878 | 0 | \$0 | | х | | |
| NC | | | | | | | | | | | |
| ND | | | | | | | | | | | |
| ОН | Ü | | | | | | | | | | |
| ок | | | | | | | | | | | |
| OR | | | | | | | | | | | |
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| RI | | | | | | | | | | | |
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| TN | | | | | | | | | | | |
| TX | | | | | | | | | | | |
| UT | | | | | | | | | | | |
| VT | | | | | | | | | | | |
| VA | | | | | | | | | | | |
| WA | | | | | | | | | | | |
| wv | | | | | | | | | | | |
| WI | | | | | 10000 | | | | | | |
| WY | | | | | | | | | | | |
| Non US | | x | \$100,000,000 | 3 | \$22,500,000 | o | \$0 | | x | | |

